

NNSA STUDENT LOAN REPAYMENT PROGRAM**ATTACHMENT 1****Student Loan Repayment
Request Form****13**

Type of Request: Initial Request Annual Recertification

Name of Eligible Employee: _____

Position Title/Series/Grade: _____

Position Location: _____

Justification Attached: Yes No Service Agreement Attached: Yes No

Requesting Official's Name and Title: _____

Signature_____
Date

Budget Official: Funds Are OR Are not available.

Signature_____
Date

HR Consultant: Complies OR Does not comply with all applicable regulations, policies, etc.

Signature_____
DateHR Branch Chief: Complies OR Does not comply with all applicable regulations, policies, etc.
(If applicable)_____
Signature_____
DateHR Department Head: Complies OR Does not comply with all applicable regulations, policies, etc.
(Or HQ equivalent)_____
Signature_____
Date

Approving Official: Approve Disapprove

Signature_____
Date